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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/553,133
	Filing Date	14-OCT-2005
	First Named Inventor	Wa Chu
	Title	Flat-foldable face-mask and p
	Art Unit	3772
	Examiner Name	PATEL, NIHIR B
	Attorney Docket Number	CHU0101PUSA

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Wa CHU		
Address	vBox 882086, Singapore 919191 (vBox can reach me wherever I move in the future)		
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I am the;

☒ Applicant/inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	WAI CHU Wa CHU	Date	August 31, 2009
Name	Wa CHU	Telephone	+65 81183083
Title and Company	Mr.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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